

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16002

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5756</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Okla.</u> b. COUNTY <u>Okla.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany, Okla.</u> <u>8358</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Highway No. 28.</u>				d. STREET ADDRESS (If rural, give location) <u>805 North Mueller St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ruby</u>		b. (Middle) <u>Loeta</u>		c. (Last) <u>Reed</u>	
4. DATE OF DEATH <u>May 28, 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 31, 1909</u>		9. AGE (In years last birthday) <u>45</u>		10. MONTH <u>8</u>		11. DAY <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>James R. Dodd</u>			
13b. MOTHER'S MAIDEN NAME <u>Lucy Spiers</u>				14. NAME OF HUSBAND OR WIFE <u>Virgil W. Reed.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <u>Virgil W. Reed, Bethany, Okla.</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of left leg and internal injuries also fracture of skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8124</u> <u>25</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT (Specify) <u>Accident</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo. Highway No. 28</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maries Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 28, 1955 9:40Pm</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Struck by Car.</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:40Pm.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>McBumgar</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Vienna, Mo.</u>			
23c. DATE SIGNED <u>5/30/55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>June 1, 1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> ADDRESS <u>Jefferson City</u>			
DATE REC'D BY LOCAL REG. <u>6-2-55</u>				REGISTRAR'S SIGNATURE <u>Pauline Howard</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address *Jefferson City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.